

**404 – MEMBER INFORMATION**

EFFECTIVE DATE: 06/01/12, 08/17/12, 11/01/12, 03/01/13, 10/01/13, 05/01/14,

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10/24/12, 02/07/13, 07/18/13, 08/30/13, 04/17/14, 07/17/14

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ADHS/DBHS, ALTCS/EPD, CRS, DES/CMDP (CMDP), and DES/DDD (DDD) Contractors.

This Policy establishes guidelines for AHCCCS Contractors regarding member information requirements and the approval process for member information materials developed by or used by the Contractor. This Policy pertains to oral and written communication disseminated to a Contractor's own members. It also pertains to the content of a Contractor's website.

II. DEFINITIONS**FILE AND USE**

A process whereby the Contractor submits qualifying member information materials to AHCCCS prior to use, and can proceed with distributing the materials without any expressed approval from AHCCCS.

INCENTIVE ITEM

Items that are used to encourage behavior changes in the Contractor's enrolled members or Health promotion incentives to motivate members to adopt a healthy life style and/or obtain health care services.

**INTEGRATED REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (INTEGRATED
RBHA)**

Organization or entity contracted with ADHS to provide, manage and coordinate all medically necessary behavioral healthcare services either directly or through subcontracts with providers for Title XIX eligible adults. In addition, the organization provides, manages and coordinates all medically necessary physical health services for individuals with Serious Mental Illness.

**MEMBER
INFORMATION MATERIALS**

Any materials given to the Contractor's members or potential enrollees. Member information includes but is not limited to:

- Informational material such as health and wellness brochures, member newsletters, videos, form letter templates, mass communications such as voice and text informational material sent to the member's phone and the Contractor's website content
- Retention materials sent to current members to target and maintain membership, and
- Instructional material such as member handbooks and provider directories and other new member materials

**MULTI-SPECIALTY
INTERDISCIPLINARY CLINIC
(MSIC)**

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

POTENTIAL ENROLLEE

A Medicaid-eligible recipient who is not yet enrolled with a Contractor as described in 42 C.F.R. 438.10 (a); or an enrollee during Annual Enrollment Choice (AEC).

**REGIONAL BEHAVIORAL
HEALTH AUTHORITY
(RBHA)**

An organization under contract with the ADHS to administer covered behavioral health services in a geographically specific area of the state. Refer to A.R.S. §§36-3401, 36-3407, and A.A.C. R9-22-201.

RETENTION MATERIALS

Member information materials sent to members prior to and during their Annual Enrollment Choice for the purposes of retaining members as an enrollee with the Contractor.

**TRIBAL/REGIONAL
BEHAVIORAL HEALTH
AUTHORITY (T/RBHA)**

An organization under contract with ADHS/DBHS that administers covered behavioral health services in a geographically specific area of the state. Tribal governments, through an agreement with ADHS, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members. Refer to A.A.C. R9-22-1201.



III. POLICY

A. MEMBER INFORMATION MATERIALS

The Contractor must comply with the requirements in this Policy for all member informational materials (messages) including, but not limited to e-mail, text messages and voice recorded information messages. In addition, refer to the requirements outlined in ACOM Policy 425. The Contractor is required to report their member information costs on a quarterly basis as a separate line item in the quarterly financial statements. This requirement also applies to any member information costs included in an allocation from a parent or other related corporation.

The Contractors Chief Executive Officer (CEO) (or designee) shall sign and submit Attachment D, Member Information Attestation Statement, to the designated Operations and Compliance Officer, within 45 days of the beginning contract year.

B. LANGUAGE, READABILITY AND ORAL INTERPRETATION REQUIREMENTS

1. Language

All member materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor's members who also have Limited English Proficiency (LEP).

All vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, detailed description of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services, informed consent and all grievance and request for hearing information as described in the "Enrollee Grievance System Standards" section of the applicable contract.

All written notices informing members of their right to interpretation and translation services in a language, shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.

The Contractor is not required to submit to AHCCCS the member material translated into a language other than English; however, it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.



2. Readability

The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The Contractor should make every effort to maintain the information at a 6th grade reading level as measured on the Flesch-Kincaid scale. Member information materials shall also be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

3. Oral Interpretation

The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available.

C. INCENTIVES

The Contractor may offer incentives items (e.g. gift cards, discounts for merchandise or services, manufacturer or store coupons for savings on products) to members to participate in health-related promotions, but the total value of the items at each event or program may not exceed \$50.00 per household. Incentives may not be given to members to influence continued enrollment with the Contractor, as specified in 9 A.A.C 22 Article 5.

D. MATERIALS NOT REQUIRING SUBMISSION TO AHCCCS

Customized letters for individual members need not be submitted to AHCCCS as described in this policy. Information sent by the Contractor to members enrolled in a Contractor's Medicare Dual Special Needs Plan (D-SNP) that clearly and exclusively relate to their Medicare benefits and services do not require submission to AHCCCS. Additionally, information sent to DDD and ADHS/DBHS members that clearly and exclusively relate to benefits related to their non-Medicaid programs do not require submission to AHCCCS.

Health related brochures developed by a nationally recognized organization included in Attachment A, do not require submission to AHCCCS. However, in the event the informational material provided by an approved organization references services that are not medically necessary or are not AHCCCS covered benefits, the Contractor may not distribute the organization's informational materials to members. The Contractor may use the organization's material only as a reference to develop its own member information materials specific to AHCCCS recipients.

Attachment A is not an all-inclusive list. The Contractor may submit names of other organizations to AHCCCS to determine if they should be added to the list. The



Contractor should refer to this Policy for updates when considering using information from a nationally recognized organization. The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. The Contractor must review the materials to ensure that:

1. The services are covered under the AHCCCS program;
2. The information is accurate; and
3. The information is culturally sensitive.

It is important to note that in all instances where the Contractor is required by its contract with AHCCCS to educate its members, brochures developed by outside entities must be supplemented or replaced with informational materials developed by the Contractor which are customized for the Medicaid population.

E. DISTRIBUTION, REVIEW AND APPROVAL OF CONTRACTOR MEMBER HANDBOOK AND PROVIDER DIRECTORY/NETWORK DESCRIPTION

1. Acute Care, ALTCS/EPD, CMDP, CRS, and DDD

The Contractor shall produce and offer a Member Handbook and Provider Directory/Network Description as detailed below.

The Contractor shall produce and provide the Member Handbook and Provider Directory/Network Description to each member/representative or household within 12 business days of receipt of notification of the enrollment date.

2. All Contractors, except ALTCS/EPD, DDD, and ADHS/DBHS
(see separate requirement below)

Have the option of providing the Member Handbook and Provider Directory/Network Description with the new member packet, or providing written notification that the information is available on the Contractor's website, by electronic mail or by postal mailing. Should the Contractor elect to provide notification that the information is available using the latter approach, refer to the requirements listed below.

3. ALTCS/EPD and DDD

The Contractor must provide a printed copy of the Member Handbook and Provider Directory/Network Description to all members. ALTCS Case Managers must also review the Handbook with the member annually and document this review. Member Handbooks and Provider Directory/Network Description issued by DDD Acute Care subcontractors are regulated by the DDD Contractor. DDD may, at its discretion, require its Acute Care subcontractors to provide written notification that the



information is available on the subcontractor's website, by electronic mail or by postal mailing.

Those Contractors who elect to provide notification that the Member Handbook is available on their website, by electronic mail or by postal mailing, must submit a request for approval to do so 60 days in advance of member notification.

The Contractor must also ensure that:

- a. The Handbook is available electronically and may be printed from the Contractor's website, if the enrollee elects to do so.
- b. The enrollee is provided the option of obtaining a printed version of the Handbook upon request.

Member Handbooks shall contain the information provided in Attachment B, Member Handbook Checklist. The Contractor shall submit a request for review and approval of the Member Handbook as follows:

- a. **Acute Care, ALTCS/EPD, and CRS:** October 1, and 30 days prior to any changes
- b. **DDD:** July 1, and 30 days prior to any changes
- c. **CMDP:** January 1, and 30 days prior to any changes

4. ADHS/DBHS

ADHS/DBHS is responsible for developing and providing a Member Handbook Template to its subcontracted T/RBHAs. The Member Handbook Template must include geographic service area information in order to create T/RBHA specific versions of the Member Handbook. The ADHS/DBHS Member Handbook Template shall also contain the information provided in Attachment B, Member Handbook Checklist identified as appropriate for Behavioral Health Services. ADHS/DBHS shall submit a request for review and approval of the Member Handbook/Member Handbook Template by October 1, and 30 days prior to any changes.

For members diagnosed with SMI who are enrolled with the Integrated RBHA, ADHS/DBHS shall ensure the Member Handbook and Provider Directory/Network Description are provided to each member/representative or household within 12 business days of receipt of notification of the enrollment date.

For members enrolled with the T/RBHAs and for members enrolled with the Integrated RBHA and who are not diagnosed with SMI, ADHS/DBHS shall ensure that the Member Handbook and Provider Directory/Network Description are provided to behavioral health recipient members within 12 business days of the member receiving his/her first service.



Additionally, ADHS/DBHS shall ensure the following:

- a. T/RBHAs provide a printed copy of the Member Handbook and Provider Directory/ Network Description to all members;
- b. Member Handbooks and are made available at all provider sites;
- c. Member Handbook and Provider Directory/Network Description are made available on the T/RBHAs websites;
- d. Member Handbook and Provider Directory/Network Description and are easily accessible to members; and
- e. That upon request, copies of the Member Handbook are made available to known consumer and family advocacy organizations and other human service organizations in each geographic service area.

F. PROVIDER DIRECTORY/NETWORK DESCRIPTION CONTENT, AND MEMBER NOTIFICATION OF NETWORK CHANGES

1. Provider Directory/Network Description

- a. Acute Care, ALTCS/EPD, CMDP, CRS, and DDD

The Provider Directory shall, at a minimum, contain information about primary care providers, specialists, hospitals and pharmacies. ALTCS/EPD and DDD Contractors shall also include skilled nursing facilities and alternative residential settings.

The Provider Directory shall include:

- i. Provider name
- ii. Provider address
- iii. Provider telephone number
- iv. Non-English languages spoken
- v. Whether or not the provider is accepting new patients

The Provider Directory shall also include any restrictions on the member's freedom of choice among network providers. This information must be current and can be in the same form as typical correspondence to members.

Contractors who elect to provide notification that the information is available for the Provider Directory/Network Description information on their website, by electronic mail or by postal mailing must follow the same submission requirements as delineated for the Member Handbook.

- b. CRS

In addition to the requirements described above, the CRS Provider Directory shall, at a minimum, contain information about CRS providers, specialists, hospitals and pharmacies. The Provider Directory will include:

- i. Physicians (including adult and child psychiatrists), laboratory, x-ray and therapy services available onsite at the MSIC and through a network of community-based providers closer to members' homes



- ii. Innovative service delivery mechanisms such as field clinics and virtual clinics that incorporate the use of telemedicine, teleconferencing among providers, and an Integrated Medical Record to provide multi-specialty, interdisciplinary care when needed in other areas of the State
- iii. Community-based, family support providers in urban, suburban and rural areas of the State

The Contractor must also include the following provider and MSIC specific information:

- i. Specialty Provider and MSIC names
- ii. Specialty Provider and MSIC address
- iii. Specialty Provider and MSIC telephone number
- iv. Non-English languages spoken by providers
- v. Whether or not the specialty provider is accepting new patients

The CRS Provider Directory shall also include restrictions or an explanation of the recipient's freedom of choice among MSICs and providers. The materials can be in the same form as typical correspondence to members.

c. ADHS/DBHS

For members diagnosed with SMI who are enrolled with the Integrated RBHA

The Provider Directory shall, at a minimum, contain information about primary care providers, specialists, hospitals and pharmacies.

The Provider Directory shall include:

- i. Provider name
- ii. Provider address
- iii. Provider telephone number
- iv. Non-English languages spoken
- v. Whether or not the provider is accepting new patients

The Provider Directory shall also include:

- i. Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the member's service area, including identification of providers that are not accepting new referrals.
- ii. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract.
- iii. The fact that the member has a right to use any hospital or other setting for emergency care.
- iv. The names and locations of the pharmacies to be used for filling prescriptions for psychotropic medications.

The Provider Directory shall also include any restrictions on the member's freedom of choice among network providers. This information must be current and can be in the same form as typical correspondence to members.

Contractors who elect to provide notification that the information is available for the Provider Directory/Network Description information on their website, by



electronic mail or by postal mailing must follow the same submission requirements as delineated for the Member Handbook.

For members enrolled with the T/RBHAs and the Integrated RBHA who are not diagnosed with SMI

The Provider Directory shall include:

- i. Provider name
- ii. Provider address
- iii. Provider telephone number
- iv. Non-English languages spoken
- v. Whether or not the provider is accepting new patients

The Provider Directory shall also include:

- i. Names, locations, telephone numbers of, and non-English languages spoken by current contracted providers in the member's service area, including identification of providers that are not accepting new referrals.
- ii. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract.
- iii. The fact that the member has a right to use any hospital or other setting for emergency care.
- iv. The names and locations of the pharmacies to be used for filling prescriptions for psychotropic medications.

The Provider Directory shall also include any restrictions on the member's freedom of choice among network providers. This information must be current and can be in the same form as typical correspondence to members.

Contractors who elect to provide notification that the information is available for the Provider Directory/Network Description information on their website, by electronic mail or by postal mailing must follow the same submission requirements as delineated for the Member Handbook.

2. Member Notification of Network Changes

The Contractor shall inform all affected members of any changes in the network, considered to be significant by AHCCCS, 30 days prior to the implementation date of the change [42 CFR 438.10(f)(4)] and annually thereafter.

Additionally, when appropriate, the Contractor must make a good faith effort to give written notice to enrollees within 15 days after receipt or issuance of a provider termination notice, to each member who received their primary care from, or is seen on a regular basis by, the terminated provider [42 CFR 438.10(f)(5)].

**G. REQUIRED CONTRACTOR WEBSITE CONTENT, MINIMUM CONTENT REVIEW****1. Acute Care, ALTCS/EPD, CMDP, CRS, DDD, and ADHS/DBHS**

The Acute Care, ALTCS/EPD, CMDP, CRS, DDD, and ADHS/DBHS websites shall contain all the information provided in Attachment B, Member Handbook Checklist, and Attachment C, Contractor Website Certification Checklist and Attestation. The Contractor may meet many of these requirements by providing the updated Member Handbook on its website. The Contractors must sign and submit the Contractor Website Certification Checklist and Attestation verifying their website is current and contains all of the AHCCCS required information. Website content must also meet the requirements in ACOM Policy 416.

All of the information must be located on the Contractor's website in a manner that members can easily find and navigate (e.g. "Consumer, Enrollee, Member or Recipient Page" from the Contractor's home page).

For the approval process for additional information added to the Contractor's website that is directly related to members or potential members, see subsection III. H.

The Contractor will submit the Contractor Website Certification Checklist and Attestation (see Attachment C) annually, 45 days after the start of the contract year. The Division of Health Care Management will review the content of the Contractor's website to ensure the Contractor is in compliance with this Policy and the AHCCCS contract.

ADHS/DBHS and its subcontractors must have a website with links to the following information:

- a. Drug List
- b. Provider manual
- c. Member handbook
- d. Provider listing



H. SUBMISSION, REQUIREMENTS AND RESTRICTIONS FOR ALL OTHER MATERIALS

1. Submission

AHCCCS has adopted a File and Use review process for all other member information materials developed by the Contractor. All other member information materials disseminated by the Contractor to its members must be submitted via electronic mail to the Contractor's AHCCCS Operations and Compliance Officer 30 days before it is to be released.

The Contractor shall submit the following information to AHCCCS prior to releasing member information materials:

- a. A copy, transcript, screenshot or other documentation of the material as intended for distribution to its members or potential members
 - i. Translations of the material into other languages as required by this Policy are not required to be submitted
- b. A description of the process it will use to disseminating the material
- c. The reading level of the material level as measured on the Flesch-Kincaid scale

Unless contacted by AHCCCS within 30 days, the Contractor may disseminate the member information as indicated in their request; however, AHCCCS reserves the right to require any changes necessary to the material and to conduct audits and/or operational reviews to ensure compliance.

Member information materials can also be used for marketing purposes as defined in ACOM Policy 101. In these cases, the materials must receive prior approval from AHCCCS as outlined in Figure 1 and ACOM Policy 101.

2. Requirements and Restrictions

- a. All materials must be labeled with the Contractors name and/or logo; this includes member material that is located on the Contractor's website, e-mail messages and voice recorded phone messages delivered to a member's phone.
- b. The Contractor must ensure that the information contained within the material item is accurate, updated regularly and appropriately based on changes in benefits, Contract, Policy or other relevant updates.
 - i. Any updated information must be re-submitted and tracked on the Contractor's log, as described in this section
- c. The Contractor must keep a log of all member material distributed each year; the log must identify the date the materials was originally submitted to AHCCCS as described in section H, 1 above
- d. The Contractor must make the log available to AHCCCS upon request
- e. Member information materials developed for services under contract with AHCCCS are not considered proprietary to the Contractor



- f. Member information materials cannot directly or indirectly refer to the offering of private insurance, cannot include inaccurate, misleading, confusing or negative information about AHCCCS or the Contractor, or any information that might defraud members
- g. Member information materials cannot use the word “free” in reference to covered services
- h. Member information materials must directly relate to the administration of the Medicaid program, or relate to health and welfare of the member
- i. Member information materials cannot have political implications
- j. Retention materials cannot refer to competing plans



FIGURE 1 - GUIDELINES OVERVIEW

IN REFERENCE TO		
MEMBERS	THE PUBLIC*	MEMBERS AND THE PUBLIC*
ACOM Policy 404	ACOM Policy 101	ACOM Policies 101 and 404
DEFINITION		
MEMBERS	THE PUBLIC*	MEMBERS AND THE PUBLIC*
Any materials given to the Contractor's current members	Materials (brochures, giveaways and other items) that are distributed to the public that can reasonably be interpreted as intended to influence enrollment with the contractor	Any materials intended to be distributed to both the members and the public
PROCESS TO RECEIVE AHCCCS APPROVAL		
MEMBERS	THE PUBLIC*	MEMBERS AND THE PUBLIC*
Send to Operations Compliance Operator (OCO)	Send to the Marketing Committee	Send to the OCO, who will coordinate the review with the Marketing Committee
File and Use rules apply for many materials	No file and use, except when information targets dual members and is already approved by CMS	

*The public and/or others who are not recipients enrolled with the Contractor

**IV. REFERENCES**

- Acute Care Contract, Section D, E
- ADHS/DBHS Contract, Section D, E
- ALTCS/EPD Contract, Section D, E
- CRS Contract, Section D, E
- DES/CMDP Contract, Section D, E
- DES/DDD Contract, Section D, E
- 9 A.A.C. 22 Article 5
- A.A.C. R9-22-201
- A.A.C. R9-22-1201
- A.R.S. §36-407
- A.R.S. §36-3401
- CFR 42 CFR438.10(a)
- CFR 42 CFR438.10(f)(4)
- CFR 42 CFR 438.10(f)(5)
- ACOM Policy 101
- ACOM Policy 416
- ACOM Policy 425
- Attachment A, National Organizations Recognized by AHCCCS
- Attachment B, Member Handbook Checklist
- Attachment C, Contractor Website Certification Checklist and Attestation
- Attachment D, Member Information Attestation Statement



ATTACHMENT A, NATIONAL ORGANIZATIONS RECOGNIZED BY AHCCCS

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY



ATTACHMENT B, MEMBER HANDBOOK CHECKLIST

SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY



ATTACHMENT C, CONTRACTOR WEBSITE CERTIFICATION CHECKLIST AND ATTESTATION

SEE THE ACOM WEBPAGE FOR ATTACHMENT C OF THIS POLICY



ATTACHMENT D, MEMBER INFORMATION ATTESTATION STATEMENT

SEE THE ACOM WEBPAGE FOR ATTACHMENT D OF THIS POLICY